



Board of Directors - Public

Subject:	Senior Information R	ick Owner (SIRO)	Date: 7 th July 2022			
Subject.	Report for Trust Boa		Date. 7 July 2	Date: 7" July 2022		
Prepared By:	Jacquie Widdowson, Information Governance Manager & Data Protection Officer					
Approved By:	Shirley Higginbothan	Shirley Higginbotham, Director of Corporate Affairs and SIRO				
Presented By:	Dave Selwyn, Executive Medical Director and Caldicott					
Purpose						
To provide assu	rance to Board of D	irectors on the	Approval	X		
compliance with the Data Security Protect Toolkit			Assurance			
•	·		Update			
			Consider			
Strategic Object						
To provide outstanding care	To promote and support health and wellbeing	To maximise the potential of our workforce	To continuously learn and improve	To achieve better value		
Х			Х			
				1		
Overall Level of	Assurance					
	Significant	Sufficient	Limited	None		
Indicate the		X				
overall level of						
assurance						
provided by the						
report -						
Risks/Issues						
	1					
Financial		IG Breaches can result in significant financial penalties				
Patient Impact	IG Breaches can result in the disclosure of patient sensitive information					
Staff Impact	IG Breaches can result in the disclosure of staff sensitive information, impact on delivering care if patient information is not available or incorrect					
Services	Ensure information is available to deliver patient care					
Reputational	Potential negative	Potential negative impact to trust breaches				
Committees/gro	ups where this item					
None						

Executive Summary

This report provides the Trust Board with an overview of the Trust's compliance with the Information Governance (IG) and security agenda both nationally and locally.

The 2021/22 Annual SIRO report is included below.

At present 108 of the 109 Mandatory evidence items are now complete. Only 1 evidence item is not complete and this renders the submission standards NOT MET. This is in relation to staff achieving 95% of their annual Data Security Awareness Training. Many large healthcare organisations across the country have failed to achieve the standard for this submission.

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The independent auditors have provided their overall assessment on the DSPT as Moderate, this means we have no standards rated as unsatisfactory or limited, however not all standards are substantial.

3 incidents have been escalated as reportable to the Information Commissioners Office during 2021/22. At present non has resulted in action from the regulators as the Trust has provided appropriate assurance.

Work continues to raise the profile of information governance across a variety of mediums to ensure that incidents and lessons learned are raised to the attention of all employees across the Trust.





2021/22 Annual Senior Information Risk Owner Report

Purpose of the Report

To document the Trust's compliance with legislative and regulatory requirements relating to the handling of information, including compliance with the Freedom of Information Act 2000, current Data Protection Act 2018 and the General Data Protection Regulations. To document the Trust's compliance with the Data Protection & Security Toolkit and provide assurance of progress in relation to the requirements which are mandated for completion.

To detail any Serious Incidents Requiring Investigation (SIRI) during the year, relating to any losses of personal data or breaches of confidentiality.

To outline the direction of information governance work during 2021/22 and how it aligns with the strategic business goals of Sherwood Forest Hospitals NHS Foundation Trust.

Assurance Framework

The Information Governance Committee meets on a bi- monthly basis to assess risks to security and integrity of information and management of confidential information. The Committee monitors the completion of the Data Security Protection Toolkit submission, data flow mapping, and information asset registers. Also ensuring the Trust has effective policies, processes and management arrangements in place.

The final preparations for submission have been completed, the submission was completed on 30th June 2021/22. The submission was 108 of the 109 Mandatory evidence items completed.

Assessment of completion & trajectory – including high risk areas.

The only high risk area for this submission has been:

3.2 - 95% staff pass the data security and protection mandatory training. The last training figures indicate 89% of staff have completed mandatory training, which is a slight increase on previous months. The focus for the next few months is to again try and achieve 95% and a plan to address this will be monitored by the IG Committee.

The independent auditors have provided their overall assessment on the DSPT as Moderate. Of the 10 areas assessed 9 gained substantial assurance with 1 area moderate. The moderate outcome relates to Business Continuity, not having an up to date IT incident plan and not determining RTO's (recovery time objectives) and RPO's (Recovery Point Objectives) for each key system.

Data Flow Mapping

The SIRO is responsible for the development and implementation of the organisation's Information Risk agenda. During 2021/22 the Trust has undertaken an annual review of information flow mapping to ensure that we are assured that information flows into and out of the Trust are identified, risk assessed and addressed. This is then expanded to ensure that we have assurance that all information is stored securely and appropriately and any partners in delivery of either shared care or information storage achieve the same high levels of information governance assurance.

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Information flows have been received 2021/22 from the following departments:

Audiology Chaplaincy

Communications

Day Case

Estates & Facilities

Finance

HR

Infection Prevention and Control Department

Information Services

Integrated Sexual Health Services

NHIS

Pain Management

Pathology

Patient Services

Pharmacy

Programme Management Office

Risk & Assurance

Research & Development

Radiology

Therapy

Trust Headquarters

Urgent & Emergency Care

Waiting List

Women & Children

Outstanding Data Flow Maps

Anesthetics

Cancer Services

Cardiology

Dermatology

Diabetes

Management Secretaries

Pre-op

Respiratory

Rheumatology

Stroke

Training & Development

Serious Incidents Requiring Investigation (SIRI)

As part of the Annual Governance Statement, the organisation is required to report on any Serious Incidents (SIRI's) or Cyber Incidents which are notified on the Data Security & Protection Toolkit reported through to either the ICO or NHS Digital.

To date there have been 3 incidents that have been reported during 2021/22 and the Trust has had no further action from the regulators after investigation to date.

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Risk Management and Assurance

The SIRO is responsible for the development and implementation of the organisation's Information Risk agenda. During 2021/22 the IG Manager/ DPO has reviewed the current top data risks which continue to be unsupported systems, human error and availability of information. A recent IG audit was undertaken on AMAT. The results are currently being analysed, however, early indications suggest there are some areas across the organisation where data security can be improved. The IG audit will be disseminated over the coming months to all areas, to provide a more holistic overview. The results will be monitored by the IG Committee and actions to address deficiencies identified.

Freedom of Information (FOI)

During 2021/22 the Trust processed a total of 600 FOI requests. This function is managed by the Information Governance Team and the activity is demonstrated in the table below.

Total	Breached timeframe of 20	Escalated to ICO
600	138	0

This year has again been challenging due to the current ongoing situation which has had an impact on the number of FOI requests exceeding the 20 day timeframe. We received 136 more requests than in the previous year. The compliance rate for responding to requests was 67.3% which is an improvement on the previous year's figure of 59%.

Subject Access Requests

The Trust has received 2810 requests for access to patient records. The majority of of requests are processed within the national standards, which is exemplary given that some of these cases represent hundreds of pages of information and require methodical attention to detail to ensure information is released appropriately. There have been no complaints to the Information Commissioner – any requests for review of content of records by patients have been investigated locally and achieved satisfactory resolution for patients. There was a substantial decrease of around 500 requests received into the department during 2020/21, however current figures now indicate that these are now in line with pre pandemic levels.

Trust has received 2810 requests overall.

1 March 2021 to 28 Feb 22 Total	Completed < 21 days	•	Completed > 30 days
NWK -130	2567 NIMK -121	NWK-5	KMH -0 NWK -1 IG-2





Horizon Scanning 2022/23

Harnessing the power of data while maintaining privacy and ethics, broke down barriers during the pandemic. The Data Saves Lives: reshaping health and social care data strategy, provides a clear set of standards for how we will create and deploy new data driven technology. It will encourage innovation and improve the care we provide through research and clinical trials with the development of new medicines and treatments.

The use of AI and robotics for healthcare will continue to expand, however with this will bring increased cyber risks.

A national information governance transformation plan will be developed, focusing on data sharing, creating professional standards and addressing training for frontline staff.